

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT. APPLICATION TRANSMITTAL

PATENT Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: EDOUARD KOULIK
TITLE: ECHOGENIC DEVICES AND METHODS OF MAKING AND USING SUCH DEVICES

Assistant Commissioner for Patents BOX PATENT APPLICATION Commissioner of Patents and Trademarks Washington, D.C. 20231



		Sir:		5	Ξ
	x	Patent	We are transmitting herewith the attached: Application Transmittal		
	х	Specifi	cation: Total pages: 24 (including claims and abstract):Spec, 19 sheets; Claims 4 sheets; Abstract -1 sheet.		on
		Drawin	gs:		
.*			Total sheets: informal		on
	x	Combin	ned Declaration and Power of Attorney: newly executed copy from prior application Deletion of inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.33(G/g) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying applicat is hereby incorporated by reference therein.	tion ar	nd
	x	Accom	panying application parts: Notification of filing a Assignment of the Invention to Meditronic, inc. Assignment over sheet of prior application Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard		
	IF A CO	NTINUIN	IG APPLICATION:		
	•		Continuation Divisional Continuation-in-part (CIP) of prior application No		
			Amend the specification by inserting before the first line the sentence: This application is a X contin division	uation	1
			Cancel in this application original claimsof the prior application before calculating the filin (At least the original independent claim must be retained for filing purposes.)	ng fee.	
			The prior application is assigned of record to Medtronic, Inc.		
			The Power of Attorney in the prior application is to: Medtronic, Inc.		

	This application claims the benefit of U.S.	Provisional Application(s) Serial No.(s), filed
x	Address all future correspondence to:	Thomas F. Woods, Reg. No 36,726 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Talephaer (763) 514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	18	20 =		x 18	
Independent Claims	09	03 =	06	x 80	\$ 480
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$710
				TOTAL	\$ 1190

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Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) and \$480.00 (extra claims) for a total of \$1190.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

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Date

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